In response to the above request of the Health Ministry, the Customs Department have suitably alerted their field formations not to release the imported Gender Testing Kits and to take appropriate action under the Customs Act, *vide* the Finance Ministry's reply to Unstarred Question No. 531, dated 4.3.2008.

Female foeticide cases in the country

† 1628. SHRIMATI MAYA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

whether it is a fact that the foeticide of girl child is being acted in many States;

the number of cases come into light during the last three years, State-wise and the number of persons connected thereof;

whether the existing law is sufficient enough to check this corrupt trend; and

the steps being taken by Government to streamline the control of foeticide test?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Cases of foeticide male and female have increased in 2006 as compared to the years 2005 and 2004.

The NCRB have further furnished the following information:

The three States/UTs with the maximum number of cases registered under foeticide (male + female) during each of the years 2004-2006

2004	2005	2006
Rajasthan(17)	**Chhattisgarh(21)**	**Rajasthan (25)**
Haryana and Maharashtra (15 each)	**M.P. and Punjab (12 each)**	**Punjab (22)**
M.P. (9)	**Rajasthan (10)**	**M.P. (14)**

Sex determination techniques have been in use in India since 1975 primarily for the determination of genetic abnormalities. However, these techniques were widely misused to determine the sex of the foetus and subsequent abortions if the foetus was found to be female.

In order to check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 has since been amended to make it more comprehensive. The amended Act and Rules came into force with effect from 14.2.2003 and the PNDT Act has been renamed as "Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994" to make it more comprehensive.

The technique of pre-conception sex selection has been brought within the ambit of this Act so as to pre-empt the use of such technologies, which significantly contribute to the declining sex ratio. Use of ultrasound machines has also been brought within the purview of this Act more explicitly so as to curb their misuse for detection and disclosure of sex of the

† Original notice of the question was received in Hindi.

foetus lest it should lead to female foeticide. The Central Supervisory Board (CSB) constituted under the Chairmanship of Minister for Health and Family Welfare has been further empowered for monitoring the implementation of the Act. State level Supervisory Boards in the line of the CSB constituted at the Centre has been introduced for monitoring and reviewing the implementation of the Act in States/UTs. The State/UT level Appropriate Authority have been made a multi member body for better implementation and monitoring of the Act in the States. More stringent punishments are prescribed under the Act so as to serve as a deterrent for minimizing violations of the Act. Appropriate Authorities are empowered with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses. It has been made mandatory to maintain proper records in respect of the use of ultrasound machines and other equipments capable of detection of sex of foetus and also in respect of tests and procedures that may lead to pre-conception selection of sex. The sale of ultrasound machines has been regulated through laying down the condition of sale only to the bodies registered under the Act.

2. Ministry of Health and Family Welfare has taken a number of steps for the implementation of the Act, Act activities for generating awareness among the public about the debilitating impact of skewed Sex Ratio on the society, sensitization/training of the implementating agencies, including the lower judiciary and the Public Prosecutors.

Guidelines for Centralized Drug Programme

1629. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

what mechanism is in force for checking the genuineness and originality of the medicines issued to patients through Government hospitals particularly in CGHS dispensaries functioning in the country;

the number of fake drug suppliers detected/arrested and action taken against them;

whether Government proposes to formulate guidelines for centralized drug programmes and to ensure that such a move does not allow drug, manufacture and suppliers to raise MRP for general public; and

if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) CGHS procures the medicines through HSCC Noida and MSO R.K. Puram. Before supplying medicines to CGHS a team of experts comprising of officers from GMSD/HSCC and representatives of CGHS, inspects the consignment for physical verification, the quantity supplied & labelling etc. The team draws random samples from each batch of medicine, make them coded and sent to two randomly selected approved laboratories for quality testing. Only on receipt of satisfactory result the medicines are supplied to CGHS cities.

No, Sir. No such incidence has come to the notice of CGHS so far.

and (d) Presently there is no uniform purchase system for purchase of drugs in the Central Government as well as the State Governments. The system of procurement of drugs must essentially ensure that quality drugs are purchase and they have active ingredients at the maximum level throughout the shelf life period of the drug.